

found, indicating that in the MDD group non-reactivity was a significant predictor for depression severity. On the other hand, ER was not significant in predicting symptom severity.

**Conclusions:** Non-reactivity, unlike other dimensions of mindfulness, seems to increase with the severity of depressive symptoms among MDD patients. To particularly focus on this subdimension in mindfulness techniques may yield better outcomes in alleviation of depressive symptoms.

**Disclosure:** No significant relationships.

**Keywords:** Depression; symptom severity; Emotion recognition; Mindfulness

O0062

### Mother and father depression symptoms and child emotional difficulties: a network model

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**Introduction:** Enhancing understanding of depression symptom interactions between parents and associations with subsequent child emotional difficulties will inform targeted treatment of depression to prevent transmission within families.

**Objectives:** To use a network approach to identify 'bridge' symptoms that reinforce mother and father depression, and whether bridge symptoms, as well as other symptoms, impact subsequent child emotional difficulties.

**Methods:** Symptoms were examined using two unregularized partial correlation network models. The study included 4,492 mother-father-child trios from a prospective, population-based cohort in the United Kingdom. Mother and father reports of depression symptoms were assessed when the child was twenty-one months old. Child emotional difficulties were reported by the mother at ages nine, eleven and thirteen years.

**Results:** Bridge symptoms mutually reinforcing mother and father depression symptoms were feelings of guilt and self-harm ideation, whereas anhedonia acted as a bridge from the father to the mother, but not vice-versa (fig.1, network 1). The symptom of feelings of guilt in mothers was the only bridge symptom which directly associated with child emotional difficulties. Other symptoms that

directly associated with child emotional difficulties were feeling overwhelmed for fathers and anhedonia, sadness, and panic in mothers (fig.1, network 2).

**Conclusions:** Specific symptom interactions are central to the co-occurrence of depression symptoms between parents. Of interest, only one of the bridge symptoms associated with later child emotional difficulties. In addition, specific symptom-to-child outcomes were identified, suggesting that different symptoms in mothers and fathers are central for increased vulnerability in children.

**Disclosure:** No significant relationships.

**Keywords:** Parent-child; Mechanisms; Psychopathology; Internalising

O0063

### Cognitive correlates of mixed depression

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**Introduction:** Mixed depressive states portend greater rates of impulsivity, attempted suicide, treatment resistance, and poorer outcome than non-mixed forms of depression. The neurocognitive bases of such affective states have not been defined yet.

**Objectives:** This work represents an attempt to clarify the neuropsychology underlying mixed depressive states.

**Methods:** Thirty subjects with affective disorders with mixed depression (MxD), 54 subjects with non-mixed depression (nonMxD), 73 euthymic subjects (Eu) and 93 healthy comparisons (HC) underwent a neurocognitive battery including the Trail-Making Test (TMT), the Controlled Word Fluency Test (WFT) and the Semantic Fluency Test (SFT), the Wisconsin Card Sorting Test (WCST), the Rey Auditory Verbal Learning Test RAVLT, the Rey-Osterrieth Complex Figure Test ROCFT, the Raven's Progressive Matrices (RPM), and the Interference Component of the Stroop Test (ST). Between-group differences were performed through multiple one-way analyses of variance. Post-hoc analyses were performed using Tukey post-hoc tests.

**Results:** HC performed better than the three patient groups in all the aforementioned neurocognitive tests. Eu performed better in RPM, TMT, SFT than nonMxD, and better on ST WCST than both nonMxD and MxD. MxD showed better performances in RPM, TMT-A, WCST than nonMxD, and more errors and less reaction times in the ST than nonMxD.

**Conclusions:** Mixed depressive states are characterized by enhanced attentional resources and greater set shifting abilities than non-mixed depressive states. On the other hand, they have less cognitive control than non-mixed depression. Such findings might explain some typical features observed in subjects with mixed depression, such impulsivity, suicidality, emotional reactivity and behavioral dyscontrol.

**Disclosure:** No significant relationships.

**Keywords:** affective disorders; Mixed depression; Neuropsychology; cognitive function

